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Role of Emotion Regulation in the Relationship

Between Fears of Evaluation and Social Anxiety

(TITLE)

BY

Jaismeen Dua, B.A.

THESIS

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Investigating the Role of Emotion Dysregulation in the Relationship Between Fears of

Evaluation and Social Anxiety

Jaismeen Dua, B.A.

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Abstract

Cognitive components influencing social anxiety have been well-researched for decades, especially fear of negative evaluation (Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997; Schlenker & Leary, 1982). Relatively recent and emerging research has suggested a strong link between fear of negative evaluation and fear of positive evaluation, and how both of them influence social anxiety (Weeks, Heimberg, & Rodebaugh, 2008; Weeks et al., 2007; Weeks & Howell, 2012; Weeks et al., 2009). This study examined social anxiety in relation to both fear of negative evaluation and fear of positive evaluation. Findings from the study replicated previous research results, highlighting links between both fears of evaluation (negative and positive) and social anxiety. The role of emotion dysregulation in psychopathology is also an emerging research topic, and researchers have studied various emotion regulation strategies to identify maladaptive usage (Kring & Werner, 2004; Hofmann et al., 2012; Aldao & Schweizer, 2009). This study also focused on how difficulties in emotion regulation moderate the relationship between fears of evaluation and social anxiety. Findings with respect to emotion dysregulation indicated that although this variable does not moderate the relationship between fears of evaluation and social anxiety among college students, it does add significant predictive value to social anxiety, above and beyond the effect of fears of evaluation. Links between emotion dysregulation and fears of evaluation also were found, suggesting the need to address both cognitive and affective components in treatment of social anxiety.

Investigating the Role of Emotion Dysregulation in the Relationship Between Fears of Evaluation and Social Anxiety

Fear of negative evaluation has been well researched in the social anxiety literature and positively correlated to social anxiety. Fear of both negative evaluation and positive evaluation have been studied in relation to social anxiety in more recent research literature. This paper reviewed the literature on fears of evaluation and social anxiety, and then proposed a study to examine the relationship between social anxiety and the fear of negative evaluation, as well as that with fear of positive evaluation. The paper also included review of literature on emotion dysregulation and psychopathology, and further examined how emotion dysregulation influences the relationship between social anxiety and fears of evaluation.

Social Anxiety

Social anxiety refers to a condition where individuals tend to avoid social and performance situations due to a fear of being evaluated negatively (Aderka, Haker, Marom, & Hermesh, 2013). People with social anxiety perceive social situations as dangerous wherein other people are scrutinizing them, which leads to feelings of anxiety. This type of anxiety can be seen through somatic symptoms like sweating or feeling hot in the face, cognitive symptoms like mental blanks and arousal symptoms like hypervigilance (Clark, 2001). To relieve their anxiety, such individuals then either completely avoid social situations or engage in safety behaviors, such as avoiding eye

contact, using other substances, dressing minimally to avoid undue attention, talking in a hurried manner and so forth.

Safety behaviors provide temporary relief from anxiety and allow the individual to feel more comfortable in the anxiety provoking situation (Clark & Wells, 2001). Research by McManus, Sacadura and Clark (2008) however shows that the use of safety behaviors plays a major role in maintaining anxiety because people with social anxiety misattribute nonoccurrence of feared stimuli to their use of these behaviors; whereas the real cause of anxiety is their set of faulty assumptions about the situation and other people. Individuals with social anxiety avoid social situations to relieve themselves from distressing feelings and thus make faulty connections between their avoidance and reduced anxiety. Thus, for people with social anxiety, it is a daily battle to cope with thoughts and feelings of anxiety that persist and show no signs of remitting -- even though they "face their fears" every day of their lives.

Cognitive Model of Social Anxiety

Cognitive factors influencing social anxiety have been studied over the years (Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997; Schlenker & Leary, 1982). Clark and Wells's (1995) cognitive model of social phobia and Rapee and Heimberg's (1997) cognitive-behavioral model of anxiety of social phobia are two of the most well-known models.

The cognitive model by Clark and Wells (1995) explains how social anxiety manifests itself in social situations. According to this model, individuals with social anxiety often have a set of faulty assumptions about themselves and the social world that

has been developed through early experiences. These assumptions are activated in social situations and cause the individual to perceive themselves and the situation negatively, often loaded with scrutiny from others. Two types of processing are prevalent among individuals with social anxiety: (1) negative processing of the self and (2) negative processing of the external environment.

A key component of negative self-processing is the shift in focus of attention, wherein the individual begins to monitor oneself and infer how they appear to other people and what others are thinking about them. Because these individuals largely focus attention on the self and create a distorted, negatively biased image of oneself, their processing of the external environment is reduced. Clark and Wells (1995) further suggest that processing of external cues, though reduced, is likely to be biased in a negative direction meaning that the individual tends to focus on cues that give a sense of disapproval from others. Furthermore, individuals with social anxiety are also likely to engage in safety behaviors to relieve feelings of anxiety, as described before. When anxiety is not experienced because of such behaviors, they may form an erroneous association between safety behaviors and relief from social anxiety. However, safety behaviors also have been shown to increase self-focused attention and lead to unintended consequences such as eliciting more negative responses from others (Alden & Bieling, 1998). Overall, an individual with social anxiety builds negative and erroneous perceptions of the self when in a feared social situation, which ultimately leads them to experience symptoms of anxiety which are further maintained by maladaptive safety behaviors.

Rapee and Heimberg's (1997) cognitive behavioral model attempts to explain the generation and maintenance of social anxiety, with significant focus on perceived audience and its appraisal. This model is slightly different from Clark's model as it adds a focus on external cues and behavioral cues related to anxiety, apart from self-processing and cognitive assumptions of an individual with social anxiety. Rapee and Heimberg's (1997) model proposes that individuals with social anxiety highly regard how others perceive them and generally view other people as critical and negative. They perceive the presence of an 'audience' as a threat and scan for environmental cues that would suggest negative evaluation. This processing is done through mental representation of an image of themselves, of how they are appearing to the audience. Rapee and Heimberg (1997) highlighted that this mental representation is often exaggerated in a negative sense and it keeps changing based on observations of one's own behavior and reactions of others. This intense focus on the mental representation of the self as viewed by this imagined audience leads individuals with social anxiety to allocate their attention excessively to their own behaviors and the reactions of others. Because of simultaneous monitoring of one's behavior and scanning for evidence of negative evaluation from the environment, these individuals are said to operate in a "multiple task paradigm" (MacLeod & Mathews, 1991) and perform poorly in social situations. The attentional resources of an individual with social anxiety are distributed towards different cues from the environment and themselves that confirm their faulty assumptions about negative feedback (look of disapproval, disinterested body language of audience, sweaty palms, fumbling with words).

To conclude, Rapee and Heimberg (1997) describe individuals with social anxiety being stuck in a 'vicious cycle' wherein the individual picks up on cues of negative evaluation from the environment and increases attentional focus on the self to adjust mental representation of the self, which increases anxiety and further increases perception of negative responses from the audience. Thus, individuals with social anxiety constantly toggle between picking up cues from the audience to confirm negative evaluation and negative self-appraisals that continue to maintain social anxiety.

Further extending on the previous two models, Hirsch, Clark, and Mathews (2006) have presented a combined cognitive bias hypothesis. According to this hypothesis, cognitive biases do not operate in isolation rather, they can influence each other and interact with one another so that the impact of each on another variable is influenced by the other. Hirsch, Clark and Mathews (2006) specifically discuss the imagery and interpretation biases in individuals with social anxiety. The researchers suggest that these individuals develop negative images of themselves performing poorly in social situations, and they also interpret external social information in a negative way. Overall, their research suggests an interactive relationship between negative interpretation bias and self-imagery. This mutual influence operating between the two processes further maintains social anxiety in an individual.

Fears of Evaluation and Social Anxiety

Cognitive models of social anxiety describe how fear of negative evaluation is an important component of social anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997). Fear of negative evaluation (FNE) can be described as a feeling of apprehension about and distress over the assumption that others would evaluate oneself negatively (Watson &

Friend, 1969). Individuals with social anxiety are overly concerned with how they are being judged or perceived by other people. They tend to imagine that they are being perceived in negative ways, and they are often inhibited in their social behaviors as a result. This fear of being evaluated negatively can cause emotional distress and a heightened level of anxiety which affects their behaviors and choices. This construct can be measured using the Brief Fear of Negative Evaluation Scale (Leary, 1983). A high score on the scale indicates that the individual is highly concerned with seeking social approval or avoiding disapproval by others and may tend to avoid situations where they must undergo evaluations. FNE was first examined as a correlate of social anxiety by Watson and Friend (1969), and since has been correlated with other disorders, including depression (Wang, Hsu, Chiu, & Liang, 2012) and eating disorders (Levinson et al., 2013).

Fear of negative evaluation directly relates to social anxiety but also influences other constructs related to social anxiety. Research by Kocovski and Endler (2000) investigated social anxiety in a self-regulation framework and found that the group that scored higher on social anxiety were lower on both self-esteem and how frequently they reward themselves. Fear of negative evaluation was found to correlate with both these relationships. This finding indicates that FNE not only may cause an individual to feel socially anxious but could also play a role in impacting one's self-worth. Studying peer interactions as a predictor of implicit (thought patterns) and explicit (visible through overt behavior) FNE among adolescents, research by Teachman and Allen (2006) suggested that the lack of perceived social acceptance predicts explicit social anxiety and FNE, and intensity and dependence in peer interactions predicts implicit FNE. This finding thus

indicates that individuals who think they are not fitting in, will likely exhibit prominent symptoms of social anxiety (nervous in social settings, avoiding eye contact, minimal conversation loaded with scrutiny about self) and those who strongly rely on their peers for social support, would likely experience higher number of thoughts about a negative self-image.

However, more recent research suggests that fear of evaluation, in general, including both fear of negative and positive evaluation, is strongly related to social anxiety (Weeks, Heimberg & Rodebaugh, 2008). Not only do individuals with social anxiety fear being criticized but they also seem to fear appreciation or recognition for positive reasons. Such individuals may go to great lengths to avoid being evaluated positively, for instance in situations like receiving an award and being applauded. The fear of positive evaluation (FPE) results in individuals perceiving even positive interactions as unpleasant and anxiety provoking. FPE can be measured using the Fear of Positive Evaluation Scale (Weeks, Heimberg & Rodebaugh, 2008) which is a 10-item self-report measure. A high score on the scale indicates that the individual is highly uncomfortable about performing well in front of others and receiving subsequent positive feedback, and they would thus avoid situations where positive evaluation is likely to happen.

Research by Weeks, Heimberg, Rodebaugh and Norton (2007), demonstrated that FPE is associated with discomfort about positive social feedback. They also suggested that individuals with this fear may also tend to view such information as inaccurate. Furthermore, their study analyzed the relationship between social anxiety and discomfort caused by positive feedback and found that FPE mediates this relationship. Therefore,

individuals with social anxiety tend to be uncomfortable with positive social feedback and often doubt the accuracy of such information perhaps because of an underlying fear of being evaluated positively. FPE has not been studied extensively as an independent variable in relation to social anxiety but has been both highly correlated with fear of negative evaluation and has been found to be a predictor of social anxiety (Weeks, Heimberg, & Rodebaugh, 2008).

FPE and FNE are highly correlated across a number of studies (Rodebaugh, Weeks, Gordon, Langer & Heimberg, 2009), yet distinct in their relationship with social anxiety. Accordingly, Weeks and Howell (2012) have proposed the bivalent fear of evaluation (BFOE) model, which suggests that both fear of negative evaluation and fear of positive evaluation are distinct features in social anxiety. Reichenberger, Wiggert, Wilhelm, Weeks and Blechert (2014) provided further evidence for the BFOE model in a laboratory setting by testing whether subjective unpleasantness responses to short films simulating positive and negative evaluation from others are related to individual differences in FNE and FPE. Measures of FNE and FPE did show distinct relationships with positive and negative social feedback. Thus, individuals with social anxiety experience unpleasant and anxious feelings towards both positive and negative social feedback, but distinctly, due to two different underlying fears of evaluation.

Additionally, Weeks, Rodebaugh, Heimberg, Norton, and Jakatdar (2009), have described a fundamental role of fear of positive evaluation (FPE) wherein positive feedback sets individuals with social anxiety at the focus of attention, giving them an 'upward shift' in the social hierarchy which results in a fear of negative consequences (e.g., being criticized by superior members). On the other hand, the fear of negative

evaluation (FNE) provides them a 'downward shift' in the social hierarchy because of negative feedback (e.g., social exclusion). Thus, it can be understood that FPE and FNE may show distinctiveness in regard to their differing goals, affecting social behaviors of individuals with social anxiety in a manner that there may be a conflict between trying to stay socially involved yet fearing criticism from others. Furthermore, research by Rodebaugh, Weeks, Gordon, Langer and Heimberg (2012) also suggests that social anxiety acts as a protective mechanism to help an individual cope with feelings of isolation as well as feared recognition. This mechanism serves to balance the risks of being the focus of attention versus being isolated entirely, suggesting that anxiety can be triggered by concerns of both positive and/or negative evaluation.

Fears of evaluation have been well researched as predictors of social anxiety and have been described to play a fundamental role as cognitive factors underlying social anxiety. Though it is true that cognitive components have a significant impact in the development of social anxiety, affective components that perhaps influence an individual's ability to regulate the emotional experience of social anxiety need equal attention too.

Emotion Regulation

Emotion regulation refers to the processes by which individuals manage the experience and expression of their emotions (Gross, 1998a). The ability of an individual to effectively manage and respond to an emotional experience influences many aspects of one's life. On the other hand, an inability to do so or having difficulty in regulating emotions can negatively impact an individual's life. Emotion dysregulation is described as a state in which despite one's best efforts, emotion-regulatory strategies fall short of

healthy management and expression of emotions, and the person is unable to make the necessary corrections to achieve the same (Jazaieri, Urry & Gross, 2013). Jazaieri and colleagues (2013) further describe that emotion regulation can be a conscious, intentional, effortful process or it can be a process that occurs without conscious awareness. Additionally, they put emotion regulation and dysregulation under a broader construct – affective disturbance, the major cause of which could be difficulties with emotion regulation. They define affective disturbance as a disruption in the “multi-system response (subjective experience, expressive behavior, physiology) of emotions, moods, and stress responses.” Both negative affective states (e.g., anxiety or depression) and positive affective states (e.g., euphoria or mania) can be explained by affective disturbance.

Difficulties with emotion regulation become prominent when an individual feels overwhelmed with everyday emotions, not just by the experience but due to the interpretation of the emotional experience. This process is where the role of underlying cognitive assumptions comes into play and highlights the strong linkage between thoughts and emotions. A stream of positive thoughts is likely to elicit positive emotions whereas negative thoughts would have the opposite effect. Regulation of both of these types of emotions then, becomes dependent on what thought underlies them. In the context of social anxiety, FPE and FNE are negative patterns of thinking that lead to development of feelings of anxiety in an individual, and if these individuals lack healthy emotion regulatory strategies, they are unable to shield themselves from an overwhelming sense of anxiety in social situations.

Models of emotion regulation. Emotion regulation has been defined by different theorists for decades and emotion regulation strategies have been researched based on these models (Kring, Bloch, & Moran, 2010). The most influential conceptualization of emotion regulation remains to be the one proposed by Gross (1998a). He described emotion regulation as the modulation of emotion in order to alter what emotions are experienced as well as when and how they are experienced. A process model of emotion regulation was proposed by Gross (1998a) and remains the major description of what occurs during the process of emotion regulation. In his model, Gross (1998a) focuses on five major concepts related to emotion regulation - situation selection, situation modification, attentional deployment, cognitive change, and response modification. This model can be viewed in light of an earlier conceptualization of emotion regulation proposed by Dodge (1989). He described emotion regulation as a process by which activation in one response domain serves to alter activation in another response domain and these domains are behavioral, experiential and physiological in nature.

‘Situation selection’ refers to analyzing situations for their possible emotional consequences and then making a choice between avoiding or approaching those situations, events or people. For example, an individual avoids going to a party that they are attending in order to avoid feeling uncomfortable and/or anxious. Situation selection involves usage of an individual’s knowledge about features of a situation or person that will elicit certain expected emotions. This self-knowledge also helps an individual make decisions and regulate emotions by calculating short term benefits and long-term costs. For example, socially anxious individuals who avoid going to parties or business

meetings may gain short-term relief, but they also put themselves at risk for long term costs such as less professional success or even social isolation.

In dealing with situations that are unavoidable, the process model highlights the concept of 'situation modification'. An individual can not only select which situations to avoid/approach but can also modify a situation when in it. Emotion regulation requires an individual to actively make efforts to alter a situation in order to change the emotional impact that situation can potentially have. For example, an individual who is late for an important meeting because of a flat tire, calls in to let his boss know about the delay so as to relieve feelings of distress. Socially anxious individuals somewhat lack the skill of situation modification and rely heavily on avoidance as a strategy to cope with their anxiety elicited by social situations and interactions. For socially anxious individuals, this ability needs to be developed and worked on so that they can make changes in social situations and use that as a healthy coping strategy to further make their experiences more pleasant rather than anxiety-provoking.

Additionally, Gross (1998a) discusses selective deployment of attentional resources to help individuals focus on certain aspects of a situation and thereby regulate emotions. He also links 'attentional deployment' to earlier described constructs like distraction, concentration and rumination. All these constructs refer to contained use of cognitive resources in a manner that directly impacts emotions experienced, and thus attentional deployment is an effective emotion regulation strategy. For example, an individual who chooses to focus on the task at hand rather than looking at the clock and worrying about not finishing on time, is using attentional deployment to regulate feeling anxious. Socially anxious individuals primarily focus their sole attention on aspects of

social situations that trigger distorted cognitions about negative evaluation of the self and thereby make use of attentional deployment in an unhealthy manner that increases feelings of anxiety.

Further considering cognition, the model explains how ‘cognitive change’ can also play a role in emotion regulation. Changing the way an individual thinks or appraises a situation, can modulate the meaning ascribed to the situation and ultimately influence the experience of emotions. Gross (1998a) emphasizes on two forms of cognitive change that are effective – reframing and reappraisal. Cognitive reframing involves changing beliefs so as to change experiencing certain emotions and reappraisal involves re-analysis of a situation to alter its emotional impact. For example, an individual who reframes a negative thought (“I did not do well, this makes me look dumb”) into a positive thought (“I can improve and do better next time”) will immediately experience a shift from experiencing negative emotions to positive ones. Social anxiety, in particular, leads individuals to frame thoughts and appraise situations in manner that only suggest negative social evaluation, thereby leaving the individual with feelings of anxiety. Reframing and reappraisal for these individuals must then involve challenging thoughts that only focus on negative aspects of social situations and avoiding negative self-appraisal.

Finally, ‘response modulation’ is the fifth concept that involves direct influencing of psychological, physiological or behavioral responses. This means that after an emotional response has been initiated, this very response can be altered to help an individual regulate the emotions being experienced. For example, after performing poorly on a presentation, an individual who manages feeling sad or disappointed by not breaking

down in front of everyone is using response modulation. Furthermore, Gross (1998a) emphasized that the four concepts described previously are “antecedent focused” (occur before the emotion response) whereas this fifth concept is “response focused.” Gross (1998b) specifically examined the difference between antecedent- and response-focused regulation strategies and found that although both methods were effective at regulating emotion expression, antecedent strategies (reappraisal) were better at modifying the experience of emotion whereas response strategies (suppression) induced physiological changes.

Similar to Gross’ (1998a) conceptualization of emotion regulation, is that by Eisenberg and Spinrad (2004). They described emotion regulation as a process that modulates not only the internal emotional states of individuals but also the attentional processes, motivational states and/or behavioral occurrences; all of which they said are further tied to biological, social adaptation or individual goals. Thus, like Gross’ (1998a) model, their definition also addressed antecedent and response-focused attempts to regulate emotions, and includes modification of experience, behavior and physiology.

In contrast to Gross (1998a), whose model of emotion regulation describes emotion regulation as an intrinsic process, other theorists have described extrinsic influences related to emotion regulation as well. Thompson (1994) proposed that emotion regulation involves both intrinsic and extrinsic processes which may influence an individual’s ability to monitor, evaluate and modify emotional reactions. Further considering extrinsic influences, Gross and Thompson (2007) place emphasis on emotion regulation as an internal process – “emotion regulation refers to the automatic or controlled, conscious or unconscious process of individuals influencing emotions in the

self, others or both.” (p.91). Furthermore, Cole, Martin and Dennis’ (2004) conceptualization of emotion regulation includes two types of regulatory processes – *emotion as regulating* (changes caused by an activated emotion) and *emotion as regulated* (changes in the intensity of an activated emotion within the self or between two people) which maintains the congruity with Thompson’s (1994) conceptualization. For example, an individual who becomes more careful about paying attention to detail and notes during a presentation because of feelings of anxiety is using the former regulatory process whereas someone who manages feelings of anxiety when talking to their boss during supervision by deep breathing before entering his office, is using the latter regulatory process.

Theoretically, the Gross and Thompson (2007) model dominates the field of research aimed at defining emotion regulation as it distinctly talks about the different processes involved in emotion regulation (situation selection, response modification and so on) and provides an understanding of internal and external influences involved in the process of emotion regulation. These characteristics are important when studying psychopathology because non-functioning of a particular emotion regulation process or any internal/external deficits can well explain the occurrence of a particular mental disorder. For example, improper usage of ‘attentional deployment’, an emotion regulation process explained by Gross (1998a), may explain the experience of social anxiety, further explained by deficits in interpreting external cues (Thompson’s conceptualization) in social situations leading to experience of anxiety.

Specifically reviewing the literature on studied emotion regulation and psychopathology, one can understand that the term *emotion dysregulation* may be more

valid in this context and refers to maladaptive implementation of emotion regulatory strategies, whereby the ability to use emotion regulation is intact. This term is differentiated from the term *problems in emotion regulation* which refers to lack of or deficits in emotion regulatory strategies, whereby the ability to use emotion regulation is impaired (Cicchetti, Ackerman & Izard, 1995). For example, an individual who uses avoidance as a strategy to avoid feeling anxious in social situations has emotion dysregulation whereas the same individual has problems with emotion regulation if he/she does not use any strategy adaptive or maladaptive whatsoever, when in a social situation and continues to stay anxious. Along the same lines, this study made use of the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) to assess the relationship between emotion dysregulation and social anxiety, as opposed to measuring impairment in individuals who cannot make use of emotion regulation strategies and linking it to social anxiety.

Gross' (1998) process model is the main theoretical model that attempts to explain the process of emotion regulation; however, the DERS was developed by Gratz and Roemer (2004); using a unification of different models of emotion regulation to measure difficulties in emotion regulation. Different conceptualizations of emotion regulation described above, together point towards certain aspects of the process that were carefully considered by Gratz and Roemer (2004) when developing the DERS. These aspects include (a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation strategies flexibly to modulate emotional responses as

desired in order to meet individual goals and situational demands. The DERS effectively covers these aspects by identifying difficulties in several different dimensions of emotion regulation such as awareness of emotions, acceptance of emotions, engaging in appropriate behavior to manage negative experiences and using effective emotion regulation strategies. By doing so, the DERS provides a comprehensive understanding of an individual's difficulties in using emotion regulation and this information can be further studied in relation to an individual's experience of social anxiety, as is intended by this study.

Emotion Dysregulation and Social Anxiety

The relationship between social anxiety and underlying cognitive factors has been widely researched and understood (Clark & Wells, 1995; Rapee & Heimberg, 1997). Emerging clinical research suggests that emotion dysregulation may underlie many mood and anxiety disorders (Kring and Werner 2004). Thus, a deeper understanding of the relationship between emotion dysregulation and social anxiety will help increase the focus on emotion regulation strategies as a part of the experience of social anxiety. Effective use of emotion regulation strategies helps individuals experience more positive emotions and manage negative emotional experiences. However, difficulties in using the same strategies make individuals unable to protect themselves against excessive negative emotional distress, such as the case in anxiety provoking social situations.

Hofmann, Sawyer, Fang and Asnaani (2012) proposed the emotion dysregulation model for mood and anxiety disorders to study the role of affective styles and an individual's ability to use emotion regulation strategies in psychopathology. The model assumes that a triggering event, along with an existing diathesis (predisposition to stress,

for example, family history of high blood pressure) leads to negative or positive affect, depending on the person's affective style. The three principal affective styles include *concealing* (avoiding emotions after they arise), *adjusting* (balance emotions according to contextual demands), and *tolerating* (comfort with arousing emotions in the moment). The model suggests that individuals who use different emotion regulation strategies rather than adapting to situational demands by a specific affective style, possess better psychological health. From this model it can then be understood that individuals with social anxiety, who primarily focus attention on negative self-evaluation cues and experience heightened anxiety, also perhaps lack the ability to regulate negative emotions and/or experience positive emotions (e.g., joy associated with confidence in one's social skills).

A research study by Aldao and Schweizer (2009) presented a meta-analytic review of emotion regulation strategies across psychopathology and focused on six strategies namely acceptance, avoidance, problem-solving, reappraisal, rumination and suppression. An important finding of the study was that maladaptive strategies (rumination, avoidance and suppression) were more strongly related to psychopathology than the adaptive strategies. It can thus be understood that perhaps presence of a maladaptive emotion-regulation strategy is more psychologically unhealthy than the relative absence of particularly adaptive emotion-regulation strategies. In the context of social anxiety, perhaps individuals using maladaptive strategies such as avoidance of social situations to relieve feelings of anxiety, in turn reinforces their inability to function in social situations and feeds into the experience of social anxiety. Further, for rumination, effect sizes were large for anxiety; for avoidance, the effect size was,

medium to large for anxiety. Thus, a strong link between the use of two emotion regulation strategies - rumination and avoidance, and experience of anxiety was indicated in the study. For individuals with social anxiety, rumination may relate to their intrusive thoughts about negative self-evaluation and critical appraisal by others; whereas avoidance clearly manifests as actively not engaging in social situations, as far as possible.

Heightened emotional intensity, poor understanding of emotions and discomfort with emotional experience were explored in a study (Turk, Heimberg, Luterek, Mennin, & Fresco, 2005) that compared difficulties in emotion regulation between individuals with Generalized Anxiety Disorder (GAD) and those with Social Anxiety Disorder (SAD). The study indicated that deficits in the emotion regulatory process are not specific to GAD but can also be found in individuals with SAD. The researchers found that individuals with SAD reported being less expressive of positive emotions, paying less attention to their emotions, and having more difficulty describing their emotions than either persons with GAD or controls. It can be understood from the findings of this study then, that individuals who experience social anxiety may lack the ability to describe and be attentive to emotions, perhaps because their attentional resources are primarily diverted to negative self-evaluation cues. This inability then further heightens their anxious feelings and emotional distress.

In a study that reviewed social consequences of two most commonly used emotion downregulation strategies (aimed at decreasing experience of negative emotions) – reappraisal and suppression, Gross (2002) found that use of suppression had negative consequences in social conversations whereas use of reappraisal lead to relatively more

positive consequences in social conversations. The study also concluded that individuals who tended to use reappraisal were more likely to be liked than individuals who tended to use suppression.

Overall, emerging research continues to explore the relationship between emotion dysregulation (maladaptive regulation strategies, inability to effectively use strategies or lack/deficit of strategies) and psychopathology.

Current Study and Hypotheses

The primary goal of this study was to examine how difficulties in emotion regulation may play a role in moderating the relationship between fears of evaluation and social anxiety. There is a large amount of research literature available that reviews the relationship between fear of negative evaluation and social anxiety (Adreka et al., 2013; Clark, 1997; Crozier & Alden, 2001; Hirsch, Clark & Mathews, 2006; Heimberg & Rapee, 2010; Kocovski & Endler, 2010), but relatively less literature reviews the relationship between fear of positive evaluation and social anxiety (Weeks, Heimberg & Rodebaugh, 2008; Weeks et al., 2007; Weeks & Howell, 2012; Weeks et al., 2009). Further, the research literature examining the role of emotion dysregulation in social anxiety is emerging too. The research literature reviewing emotion dysregulation and psychopathology (Kring & Werner, 2004; Hofmann et al., 2012; Aldao & Schweizer, 2009) has focused relatively less on social anxiety. There are only a few studies (like that by Aldao and Schweizer, 2009) that examine how difficulties in emotion regulation or presence of maladaptive emotion regulation strategies influence the experience of social anxiety in an individual.

Fears of evaluation are well-researched cognitive components that may directly influence the experience of social anxiety in an individual (Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997; Schlenker & Leary, 1982). This study examined the relationships of both fear of negative and fear of positive evaluation to social anxiety. It was predicted that both fears of evaluation will be strongly positively correlated to social anxiety. Further, this study attempted to combine cognitive and affective components influencing social anxiety by testing for moderation. The study examined how difficulties in emotion regulation moderates the existing relationship between fears of evaluation and social anxiety. It was predicted that the strength of the positive correlation between fears of evaluation and social anxiety will depend on the level of difficulty in emotion regulation.

Overall, the present study attempted to highlight how difficulties in emotion regulation fail to protect an individual from the experience of social anxiety, which is already being reinforced by the existing fears of evaluation. This study added to the emerging research literature on emotion dysregulation and psychopathology, specifically social anxiety. A focus on adaptive emotion regulation strategies will highly benefit an individual with social anxiety, and also serve to reduce fears of evaluation.

Hypothesis 1a examined the relationship between fear of negative evaluation and social anxiety. FNE was predicted to be positively correlated with social anxiety, as is consistent with prior literature (Watson & Friend, 1969; Kocovski and Endler, 2000; Teachman and Allen, 2006; Weeks, Heimberg & Rodebaugh, 2008). Hypothesis 1b examined the relationship between fear of positive evaluation and social anxiety. FPE was also predicted to be positively correlated with social anxiety, though this construct is

relatively less researched in isolation with social anxiety as compared to FNE. FPE typically has been researched along with FNE in the social anxiety literature (Weeks, Heimberg & Rodebaugh, 2008; Weeks, Heimberg, Rodebaugh, & Norton 2007; Rodebaugh, Weeks, Gordon, Langer, & Heimberg, 2009; Weeks, Rodebaugh, Heimberg, Norton, & Jakatdar 2009).

Hypothesis 2a examined how difficulties with emotion regulation moderates the relationship between fear of negative evaluation and social anxiety. It was predicted that there will be a positive correlation between fear of negative evaluation and social anxiety, whose strength will be moderated by difficulties in emotion regulation. Hypothesis 2b examined how difficulties with emotion regulation moderates the relationship between fear of positive evaluation and social anxiety. It was predicted that there will be a positive correlation between fear of positive evaluation and social anxiety, whose strength will be moderated by difficulties in emotion regulation. Prior research has reviewed emotion dysregulation and psychopathology, and how presence of maladaptive emotion regulation strategies increases an individual's experience of social anxiety (Weeks, Heimberg, & Rodebaugh, 2008; Weeks, Heimberg, Rodebaugh, & Norton 2007; Rodebaugh, Weeks, Gordon, Langer & Heimberg, 2009; Weeks, Rodebaugh, Heimberg, Norton, & Jakatdar 2009).

Hypothesis 3 examined the relationship of each of the three variables – fear of negative evaluation, fear of positive evaluation and emotion dysregulation – with social anxiety using a hierarchical regression model. This hypothesis helped understand whether emotion dysregulation predicted social anxiety above and beyond the effect of fears of

evaluation. It was predicted that the effect of emotion dysregulation on social anxiety will not be significantly above and beyond the effect of fears of evaluation on social anxiety.

Method

Participants

Participants were students enrolled in an introductory psychology course and recruited through Eastern Illinois University's SONA research pool. Participants received course credit for their participation. An a priori power analysis indicated that approximately 99 participants will be needed to find a moderate ($R^2 = .06$) effect.

The initial sample consisted of 83 participants; however, it was discovered that the students were not receiving all of the questionnaires through Qualtrics. Thus, the data collection process was then corrected to ensure that all participants received all questionnaires, which added an additional 50 participants. From this total sample of 133 participants, 14 participants were deleted because of too much missing data (over 90% of all items not completed), thus yielding a final sample of 119 participants. Characteristics of the participants can be found in Table 1. The sample was 30.2% male ($n = 36$) and 68.1% female ($n = 81$); 2 participants identified as "other" (1 transgender woman, 1 non-binary). Racially, participants identified as follows: 58.8% White ($n = 70$), 32.8% Black or African American, ($n = 39$), 5% Hispanic or Latino/a ($n = 6$) and 3.3% Asian or Pacific Islander ($n = 4$).

Measures

Social Anxiety. Social anxiety was assessed using the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998). The SIAS is a measure of discomfort experienced

when individuals interact and meet with other people, whether friends, members of the opposite sex, or strangers. This self-report measure consists of 20-items scored on a 5-point Likert scale (ranging from 0 = “not at all characteristic or true of me” to 4 = “extremely characteristic or true of me”). A sample item from the scale is “I am nervous mixing with people I don’t know well.” A total score is obtained by summing point values of each item. Higher scores are indicative of greater levels of social anxiety. The SIAS has shown high levels of internal consistency as indicated by α ranging from .88 to .94 (Mattick & Clarke, 1998) and test-retest reliability ($r = .93$; Mattick & Clarke, 1998). Furthermore, the SIAS has been correlated with scales measuring related constructs, such as the Brief Fear of Negative Evaluation Scale (Le Blanc et al., 2014) ($r = .66$; Mattick & Clarke, 1998), the Liebowitz Social Anxiety Scale (r ranging from 0.63 to 0.66; Le Blanc et al., 2014; Mattick & Clarke, 1998) and the Social Avoidance and Distress Scale (Watson & Friend, 1979) ($r = 0.74$; Mattick & Clarke, 1998) and the social phobia subscale of the Fear Questionnaire (Marks & Mathews, 1979) ($r = .66$; Mattick & Clarke, 1998), indicating its high convergent validity.

Fear of Negative Evaluation. Fear of negative evaluation was assessed using the Brief Fear of Negative Evaluation Scale II (BFNE-II; Leary, 1983). This measure was developed as a shortened adaptation of Watson and Friend’s (1969) 30-item Fear of Negative Evaluation Scale, to increase utility. The BFNE-II is a 12-item self-report measure that assesses an individual’s fear of being evaluated negatively. The items are rated on a 5-point Likert-scale (ranging from 1 = “not at all characteristic of me” to 5 = “entirely characteristic of me”). An item on the scale is, “I am frequently afraid of other people noticing my shortcomings.” An overall high score on this scale is indicative of

higher fear of negative evaluation. The BFNE-II correlates highly with the original version of the scale ($r = .96$; Leary, 1983) and shows similar psychometric properties too. It has shown good internal consistency as indicated by α 's ranging from .81 to .97 (Collins et al., 2005; Leary, 1983; Weeks et al., 2005), similar to the original Watson and Friend (1969) scale ($KR-20 = .96$). The BFNE-II has also shown good test-retest reliability ($r = .94$; Collins et al. 2005). The validity for this measure has generally been measured by correlations with social anxiety measures and moderate correlations have been found.

Fear of Positive Evaluation. Fear of positive evaluation was assessed using the Fear of Positive Evaluation Scale (FPES). The FPES is a 10-item self-report measure developed by Weeks and colleagues (2008) and assesses one's fear of being evaluated positively. The items are rated on a 10-point Likert scale (ranging from 0 = "not at all true" to 10 = "very true"). A total sum is obtained by scoring each item wherein higher scores indicate higher levels of fear of positive evaluation. A sample item from the scale is "I am uncomfortable exhibiting my talents to others, even if I think my talents will impress them." The FPES has shown good internal consistency as indicated by an $\alpha = 0.89$ (Weeks et al., 2012) and good test-retest reliability as indicated by $r = .80$ (Weeks et al., 2012). The validity for this measure has generally been measured by correlations with social anxiety measures and moderate correlations have been found.

Emotion Regulation. Emotion regulation was assessed using the Difficulties in Emotion regulation Scale (DERS) which was developed by Gratz & Roemer (2004). The DERS is a 36 item, self-report questionnaire that assesses emotion dysregulation in six domains: nonacceptance (negative reaction to emotional distress); impulse (impulse

control difficulties); goals (difficulty engaging in goal directed behaviors); awareness (inattention toward emotional responses); strategies (believing that there is little one can do to regulate emotions when upset); and clarity (lack of knowledge and clarity about emotions). Responses on each of the items are recorded on a scale of how often they apply to the participant (ranging from 1 = “almost never” to 5 = “almost always”). Some of the items on the DERS are reverse scored. The measure yields a total score and separate scores for each of the sub scales. Higher scores are indicative of greater levels of emotion dysregulation. The DERS has shown excellent internal consistency as indicated by $r = 0.93$ (Gratz & Roemer, 2004) as well as a good test-retest reliability as indicated by $r = 0.88$ (Gratz & Roemer, 2004). The DERS scale (overall and subscales) has also shown significant correlations with the Generalized Expectancy for Negative Mood Regulation Scale (NMR; $r = -0.69$; Gratz & Roemer, 2004), indicating convergent validity. This study used the total score from the DERS scale for studying correlation and moderation.

Procedures

The study was approved by Eastern Illinois University’s Institutional Review Board. Participants completed a set of questionnaires online. The questionnaires were counter-balanced to prevent order effects. Students received course credit for their participation. A debriefing form was also included at the end of the questionnaires, to provide participants with information about the study and contact information in case they had questions or concerns.

Results

Internal consistencies were calculated for the primary variables to reflect Cronbach's Alpha values for each scale (Table 2). Alpha values for all scales were acceptable, ranging from .76 to .93. To further describe the sample, the cut-off score for the scale assessing social interaction was examined. For the SIAS, a cut-off score of 36 has been suggested by Peters (2000) to distinguish between individuals with clinical levels of social anxiety and those with sub-clinical levels. Using Peters (2000) cut-off score, 44 participants (49.4%) scored higher than 36 and thus fall in the "clinical levels" category as described by Peters (2000), suggesting that social anxiety was common in this college sample. No cut-off score has been identified for the DERS or other study scales.

We also examined correlations (Table 3) between social anxiety, cognitive components of social anxiety (fears of evaluation) and emotion dysregulation. Fear of negative evaluation was correlated with fear of positive evaluation ($r = .43, p < .001$). Social anxiety was correlated with emotion dysregulation ($r = .62, p < .001$), highlighting the potential role of maladaptive emotion regulation strategies that contribute to the experience of social anxiety.

Main Hypotheses

Hypothesis 1a and 1b were supported (see Table 3). Hypothesis 1a predicted a positive correlation between FNE and social anxiety; social anxiety was correlated with fear of negative evaluation ($r = .53, p < .001$). Hypothesis 1b predicted a positive

correlation between FPE and social anxiety; social anxiety was correlated with fear of positive evaluation ($r = .50, p < .001$).

Hypothesis 2a predicted that emotion dysregulation would act as a moderator in the relationship between FNE and social anxiety. A hierarchical multiple regression analysis (Table 4) was conducted with social anxiety as the outcome. In the first step, the main effects of emotion dysregulation and FNE were introduced as the predictors. At an alpha level of 0.05, the relationship between the set of main effects and social anxiety was found to be significant, $R^2 = .44, F(2, 60) = 23.22, p < 0.001$. FNE had a significant effect on social anxiety, $\beta = .24, p = .03$. This effect accounted for 6% of the variance in social anxiety. Likewise, emotion dysregulation had a significant effect on social anxiety, $\beta = .51, p < 0.001$ (26% of the variance in social anxiety).

In the second step, the interaction between FNE and emotion dysregulation was introduced into the regression model by centralizing emotion dysregulation and FNE and multiplying them together. The results indicated that the interaction variable did not add predictive value, $R^2 \text{ change} = 0.01, F(1, 59) = 0.74, p = .39$. Thus, emotion dysregulation did not significantly moderate the relationship between FNE and social anxiety.

Hypothesis 2b predicted that emotion dysregulation would act as a moderator in the relationship between FPE and social anxiety. A hierarchical multiple regression analysis (Table 5) was conducted with social anxiety. In the first step, the main effects of emotion dysregulation and FPE were introduced as the predictors. At an alpha level of 0.05, the relationship between the set of main effects and social anxiety was found to be significant, $R^2 = .48, F(2, 60) = 27.53, p < 0.001$. FPE had a significant effect on social anxiety, $\beta = .32, p = 0.002$. This effect accounted for 10.2% of the variance in social

anxiety. Likewise, emotion dysregulation had a significant effect on social anxiety, $\beta = .54, p < 0.001$ (28.8% of the variance in social anxiety).

In the second step, the interaction between FPE and emotion dysregulation was introduced into the regression model by centralizing emotion dysregulation and FPE and multiplying them together. The interaction variable did not add predictive value, R^2 change = 0.01, $F(1, 59) = 0.66, p = .42$; thus, emotion dysregulation did not moderate the relationship between FPE and social anxiety.

Hypothesis 3 predicted that the effect of emotion dysregulation on social anxiety will not be significantly above and beyond the effect of fears of evaluation on social anxiety. A hierarchical multiple regression (Table 6) with social anxiety as the outcome variable was conducted to test this hypothesis. In the first step, fear of negative evaluation (FNE) and fear of positive evaluation (FPE) were used as the predictors. At an alpha level of 0.05, the relationship between the set of predictors and social anxiety was found to be statistically significant, $R^2 = 0.36, F(2, 52) = 14.90, p < 0.001$. FNE had a significant effect on social anxiety, $\beta = .44, p < 0.001$. This effect accounted for 19% of the variance in social anxiety. Likewise, FPE had a significant effect on social anxiety ($\beta = .33, p = 0.01$) accounting for 11% of social anxiety.

In the second step, all six subscales of emotion dysregulation were added to determine whether they predicted social anxiety over and above fear of positive and negative evaluation. The results indicate that the subscales do provide added predictive value, R^2 change = 0.01, $F(1, 51) = 9.17, p = 0.004$. Among the different subscales, subscale 5 (strategies) was most strongly related to social anxiety. It accounted for 11% of the total variance in social anxiety ($\beta = .33, p = 0.004$).

Exploratory Analyses

Given that emotion dysregulation was found to contribute significantly to variance in social anxiety, we wanted to further explore the effect of the different subscales of emotion dysregulation in more detail. Review of previous research studies highlights that fear of negative evaluation (FNE) has strongly been established as a component of social anxiety. We further wanted to investigate if cognitive components of social anxiety also are linked with emotion dysregulation. This study showed that FNE was correlated with the total DERS scores for emotion dysregulation ($r = .60, p < 0.001$) and with four DERS subscales: nonacceptance ($r = .26, p = 0.01$), goals ($r = .19, p = 0.05$), impulse ($r = .29, p = 0.004$), and clarity ($r = .25, p = 0.01$). Emerging research has also examined fear of positive evaluation (FPE) as a component of social anxiety; this cognitive component was also significantly linked to emotion dysregulation. This study demonstrated that FPE was correlated with total DERS scores for emotion dysregulation ($r = .27, p = 0.0$) and with one DERS subscale – awareness ($r = .25, p = 0.01$). These findings suggest possible links between cognitive and affective components in the experience of social anxiety.

A unique aspect of this research study was to explore emotion dysregulation as a component of social anxiety. We were curious whether there are any direct links between emotion dysregulation and social anxiety. All subscales of emotion dysregulation were related to social anxiety; social anxiety was correlated positively with nonacceptance ($r = .38, p < 0.001$), goals ($r = .33, p = 0.002$), impulse ($r = .39, p < 0.001$), awareness ($r = .19, p = 0.05$), strategies ($r = .41, p < 0.001$) and clarity ($r = .39, p < 0.001$).

Discussion

This study examined the role of emotion dysregulation in the relationship of fear of negative evaluation and fear of positive evaluation with social anxiety. As discussed previously in this paper, there is much research about cognitive components of social anxiety, including fear of negative evaluation and emerging research on fear of positive evaluation. In this section, we consider our findings about cognitive components of social anxiety and the influence of emotion dysregulation in the experience of social anxiety. This section ends with a discussion of limitations and clinical implications.

Fear of Negative Evaluation

Fear of negative evaluation was related to social anxiety and emotion dysregulation. Surprisingly, fear of negative evaluation had the strongest relationship with emotion dysregulation, followed by social anxiety and then fear of positive evaluation. Individuals who fear being negatively evaluated are more likely to experience anxiety in socially evaluative situations because automatic negative assumptions add to their experience of emotional and physiological symptoms of anxiety. Links between fears of evaluation and emotion dysregulation are unique to this study, as previous research has not linked emotion regulation difficulties specifically with social anxiety in much detail. Previous research has considered the possible role of emotion dysregulation in mood and anxiety disorders, and how use of maladaptive emotion regulation strategies contributes to psychopathology. Thus, it can be understood that individuals who have frequent thoughts about being evaluated negatively in social situations seem to lack the ability to manage their emotions.

This inability to manage emotions is probably because their attention is focused on picking up cues from the environment that confirm their automatic negative thoughts rather than managing emotional symptoms of anxiety. Individuals who lack the ability to regulate their emotions in socially evaluative situations and who do not effectively use adaptive emotion regulation strategies to cope with such situations, are understandably more likely to experience social anxiety. Interestingly, fear of negative evaluation was more strongly linked to emotion dysregulation than it was to social anxiety, possibly suggesting how college students particularly experience an overall lack of ability to regulate emotions along with negative thoughts about social evaluation.

Given that fear of negative evaluation was most strongly linked to emotion dysregulation, it was informational to consider which specific components of emotion dysregulation were linked with fear of negative evaluation. Fear of negative evaluation was related to nonacceptance, goals, impulse, and clarity. Individuals who fear being evaluated negatively are also likely to have a negative, non-accepting reaction to one's own distress. Avoidance behaviors are largely seen in individuals with social anxiety because they do not want to experience anxiety being in a socially evaluative situation where they only assume that people are judging them negatively. Non-accepting reaction to one's distress can be viewed as a coping skill too wherein the individual with negative assumptions about being judged critically is also trying to push away feelings of distress (or anxiety). This non-acceptance is also illustrated by item 23 from the Difficulties in Emotion Regulation Scale relevant to subscale 1 – "When I'm upset, I feel like I am weak." Individuals with higher levels of fear of negative evaluation are so focused on monitoring oneself and inferring how they appear to other people and what others are

thinking about them, that focusing on accomplishing a task is difficult. Fulfilling goals requires concentration and higher levels of fear of negative evaluation are related to higher difficulty in sustaining attention elsewhere other than negative cues from the social situation.

Clark and Wells' model (1995) has highlighted how an individual with social anxiety builds negative and erroneous perceptions of the self when in a feared social situation, which ultimately leads them to experience symptoms of anxiety which are further maintained by maladaptive safety behaviors (such as avoidance). Similar to how individuals with higher levels of fear of negative evaluation are unable to sustain attention on accomplishing goals, it is also difficult for such individuals to control one's behavior when experiencing negative emotions (impulse). For instance, it would be likely for an individual who is anxious at a party and constantly thinking about what other people are thinking, to accidentally bump into someone and spill their drink. This lack of control is also illustrated by item 27 from the DERS measure relevant to subscale 3 – "When I'm upset, I have difficulty controlling my behaviors". The link between fear of negative evaluation and clarity, the last subscale of the DERS measure is unique and highlights a putative link between how aware an individual is about his/her own emotions with maladaptive thinking such as fear of negative evaluation.

Our findings linking fear of negative evaluation with emotion dysregulation and its specific subscales are the most notable, as the literature examining these relationships is less robust than the literature supporting fear of negative evaluation as a correlate of social anxiety and fear of positive evaluation. Additionally, the strong relationship between emotion dysregulation and fear of negative evaluation is noteworthy. It maybe

proposed that emotion dysregulation plays the role of a mediator rather than a moderator in the relationship between fear of negative evaluation and social anxiety because of this strong relationship. Although our assumptions that the strength of the relationship between fear of negative evaluation and social anxiety would depend on the levels of emotion dysregulation was not supported, the alternate assumption that emotion dysregulation influences levels of fear of negative evaluation which further influences the experience of social anxiety could be supported. This possible mediation was not tested in this study due to issues with statistical power; however future research should explore this possibility. Furthermore, it seems likely that affective components of social anxiety particularly have received less attention than cognitive components because detailed cognitive models have dominated research in the context of anxiety, for understanding both cause and treatment. Emerging research is suggesting potential role of emotion dysregulation in psychopathology, but more in-depth work is required.

Fear of Positive Evaluation

Fear of positive evaluation was found to be related to social anxiety, thus replicating emerging research (c.f., Weeks, Heimberg & Rodebaugh, 2008). Fear of negative evaluation and fear of positive evaluation are also strongly linked components. Not only do individuals with social anxiety fear being criticized but they also seem to fear appreciation or recognition for positive reasons. Such individuals may go to great lengths to avoid being evaluated positively, for instance in situations like receiving an award and being applauded. The fear of positive evaluation may result in individuals perceiving even positive interactions as unpleasant and anxiety provoking.

Fear of positive evaluation also was linked to fear of negative evaluation, replicating previous research (Rodebaugh, Weeks, Gordon, Langer & Heimberg, 2009). Individuals who fear being evaluated negatively in a social situation also fear being evaluated positively, as both may stem from an apprehension about being the center of attention. For example, a student may fear both fumbling in a class presentation and being criticized for it, as well as doing so well that he is unable to live up to the professor's expectations the next time. Item 7 from the Fear of Positive Evaluation Scale (If I was doing something well in front of others, I would wonder whether I was doing "too well") and item 9 from the Brief Fear of Negative Evaluation Scale (I am usually worried about what kind of impression I make) also provide an understanding of how an individual may score high on both these scales.

Prior research related to fear of positive evaluation were limited regarding links with emotion dysregulation, possibly because fear of positive evaluation may not be an emotionally charged component as compared to fear of negative evaluation. An individual who is afraid of making a bad impression or afraid of others not liking them will likely be more emotionally distressed than someone who is afraid of receiving praise from an authority figure or of being in the spotlight. Fear of positive evaluation was related to emotion dysregulation overall and one specific component – awareness. Individuals who lack an awareness to emotional responses are likely to be more fearful of being recognized or applauded. This link may be understood by considering how individuals who may lack healthy emotion regulation strategies also find it difficult to appropriately process positive evaluation from others and thus are fearful of such acknowledgement and appreciation. For example, a student may process positive

feedback from classmates as sarcastic/ingenuine comments due to his lack of awareness towards emotions.

As mentioned in the previous subsection, these findings highlight potential link between cognitive and affective components in the experience of social anxiety, again stressing upon the need to address emotion regulation difficulties within psychopathology.

Social Anxiety

Replicating findings from previous research studies, social anxiety was correlated with both fear of negative evaluation and fear of positive evaluation. Individuals who experience social anxiety, largely also have higher levels of being judged negatively and positively, as they engage in maladaptive patterns of thinking.

The main goal of the study was to investigate the role of emotion dysregulation in the relationship between fears of evaluation and social anxiety. This study examined the role of an affective component (emotion dysregulation) as previous research in the field of social anxiety has largely discussed cognitive components (e.g., fear of negative evaluation and fear of positive evaluation). We hypothesized that emotion dysregulation would moderate the relationship between social anxiety and fears of evaluation, based on some research that has highlighted emotion dysregulation as an underlying factor of mood and anxiety disorders (Hofmann et al., 2012). It was assumed that an individual who is apprehensive of what others are thinking about him/her may experience higher levels of anxiety in a social situation, and this experience may be more intense if that individual also lacks the ability to regulate negative emotions. However, this hypothesis was not supported.

Some potential links with difficulty managing emotions is highlighted in item 3 (I become tense if I have to talk about myself or my feelings) and item 12 (I worry about expressing myself in case I appear awkward) from the Social Interaction Anxiety Scale. Both emotion dysregulation and fear of negative evaluation contributed for significant variance in social anxiety, meaning independent of each other both these variables were linked with social anxiety. This was further corroborated by direct correlations that were found between social anxiety and emotion dysregulation. However, the effect of fear of negative evaluation on social anxiety did not depend upon the level of emotion dysregulation, because the interaction effect came out to be non-significant. Similarly, both emotion dysregulation and fear of positive evaluation contributed for significant variance in social anxiety; meaning, independent of each other both these variables were linked with social anxiety. However, the effect of fear of positive evaluation on social anxiety did not depend upon the level of emotion dysregulation, because the interaction effect came out to be non-significant.

These findings highlight that fears of evaluation and social anxiety may be directly linked with emotion dysregulation, but the effect of fears of evaluation on social anxiety was not contingent upon the level of emotion dysregulation. Individuals who worry about what others think of them in social situations experience higher levels of anxiety irrespective of how well they can regulate their emotions. Also, individuals who lack adaptive emotion regulation strategies experience higher levels of anxiety in social situations, but this does not depend on what set of faulty assumptions they have (positive or negative evaluation). This means that a student who is nervous about talking to anyone at a party out of fear of being awkward or not knowing what to say, will experience

significant anxiety irrespective of him having or not having strategies to regulate anxiety in place. This is possibly because attentional resources for an individual with social anxiety are so well consumed by faulty assumptions in a socially evaluative situation, that use of healthy/unhealthy regulatory strategies becomes redundant.

A hierarchical regression analysis revealed that emotion dysregulation has effects significantly above and beyond those of fears of evaluation, in the experience of social anxiety. This finding was also contrary to our assumptions, wherein based upon well-established previous research on cognitive models of social anxiety, it was assumed that emotion dysregulation would not add predictive value. Known predictors – fears of evaluation were compared with components of emotion dysregulation in the regression model, to examine the role of emotion dysregulation in social anxiety. The newly added variables (components of emotion dysregulation) did add predictive value. Specifically, strategies (component that reflects the belief that there is little one can do to regulate oneself once upset) was found to be the strongest predictor in relation to social anxiety. This finding was especially striking because predictive value of an affective component being beyond cognitive components is unusual, given the decades of research that strongly relates fears of evaluation with social anxiety. Based on these findings thus, it can be predicted that individuals who have the belief that that there is little one can do to regulate oneself once upset, tend to experience higher levels of social anxiety. Additionally, a lack of this emotion regulation strategy more strongly predicts experience of anxiety than fear of being evaluated in a social situation.

The role of emotion dysregulation was found to be predictive rather than moderating when investigated in the context of social anxiety. Furthermore, direct links

between social anxiety and all components of emotion dysregulation were also found. Nonacceptance and awareness reflect a lack of attention towards distressing emotions. Their linkage with social anxiety can be understood in light of how an absence of control over a negative emotion would automatically increase experience of that emotion. For instance, a student who denies or suppresses feeling anxious on a first date is likely to appear more nervous and agitated than someone who is aware of his/her feelings perhaps through bodily cues (sweating, restless feet tapping). *Goals* and *impulse* describe an individual's inability to concentrate and regulate behavior when experiencing negative emotions. Individuals with social anxiety mostly use attentional resources to focus on evaluative cues from their social environment which is why attending to a task or controlling behavior becomes difficult. For instance, a student who is constantly scanning the audience for disapproval cues is likely to experience more anxiety and have difficulty concentrating on the performance task. Additionally, individuals who lack emotion regulatory strategies or are unable to use them effectively would likely experience higher social anxiety as corroborated by links between social anxiety and *strategies*. Finally, *clarity* talks about an individuals' knowledge about one's emotions and its correlation with social anxiety highlights the potential role of an affective component, as described in previous sections too.

Overall, exploring emotion dysregulation in the context of social anxiety proved to be fruitful as associations between the two variables were highlighted and predictive value was added that can likely help contribute to emerging research on psychopathology and emotion regulation.

Limitations

The primary limitation of this study was the error in collecting data. The first 83 participants out of the total sample did not receive all the questionnaires. Thus, the sample size for each analysis varies, impacting the power of different analyses. Another limitation is the reliance on self-report measures.

Clinical Implications

Cognitive-behavioral interventions have focused on negative social evaluation (Weeks et al., 2008). However, the link found in this study and prior research between social anxiety and fear of positive evaluation suggest that negative evaluation does not tell the entire story. Specifically, considering the role of both fear of negative evaluation and fear of positive evaluation in treating social anxiety likely would be beneficial for clients. For example, addressing the distorted cognitions people with social anxiety may have regarding positive evaluation may be helpful.

The study provided important findings in the context of affective components of social anxiety and thus highlights how clinicians should consider emotion regulation difficulties in treatment of social anxiety along with the more rigorous focus on cognitive components. Helping clients develop emotion regulation skills, perhaps using a Dialectical Behavior Therapy approach in conjunction with cognitive-behavioral techniques can bring focus on both maladaptive thoughts and feelings. More specific findings with distinct subscales of the emotion dysregulation scale, also highlighted how the belief that there is little one can do to regulate oneself once upset contributes strongly to social anxiety. It would then likely be beneficial to use thought challenging along with emotion regulation skill building in treatment of social anxiety.

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Table 1

Age of Participants

Characteristic	<i>n</i>	%
Age (in years)		
18	37	31.1
19	38	31.9
20	13	10.9
21	15	12.6
22	9	7.6
23	1	0.8
24	4	3.4
26	2	1.7

Table 2
Descriptive Statistics of Main Study Variables

	<i>M</i>	<i>SD</i>	<i>Observed Range</i>	<i>α</i>
Fear of Negative Evaluation	32.67	8.38	12-56	.80
Fear of Positive Evaluation	37.58	14.46	10-80	.76
Social Anxiety	33.93	15.84	2-66	.93
Emotion Dysregulation	89.57	23.65	36-150	.84

Note. Fear of Negative Evaluation = Brief Fear of Negative Evaluation-II; Fear of Positive Evaluation = Fear of Positive Evaluation Scale; Social Anxiety = Social Interaction Anxiety Scale; Emotion Dysregulation = Difficulties in Emotion Regulation Scale.

Table 3
Zero-Order Correlations between Main Study Variables

Measure	1	2	3	4	5	6	7	8	9	10
1. Fear of Negative Evaluation	-									
2. Fear of Positive Evaluation	.43**	-								
3. Social Interaction Anxiety	.53**	.50**	-							
4. Emotion Dysregulation	.60**	.27**	.62**	-						
5. Nonacceptance	.26**	.10	.38**	.58**	-					
6. Goals	.19*	.00	.33**	.49**	.63**	-				
7. Impulse	.29**	.05	.39**	.56**	.63**	.51**	-			
8. Awareness	.02	.25*	.19*	.30**	.16	.27**	.16	-		
9. Strategies	.18	.05	.41**	.58**	.74**	.68**	.72**	.21*	-	
10. Clarity	.25*	.10	.39**	.54**	.54**	.56**	.50**	.47**	.58**	-

Note. Fear of Negative Evaluation = Brief Fear of Negative Evaluation-II; Fear of Positive Evaluation = Fear of Positive Evaluation Scale; Social Interaction Anxiety = Social Interaction Anxiety Scale; Emotion Dysregulation and Subscales = Difficulties in Emotion Regulation Scale.

* $p < 0.05$, ** $p < .01$

Table 4

Hierarchical Multiple Regression Analysis for Predictors of Social Anxiety

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>
Step 1				
Fear of Negative Evaluation	.59	.27	.24*	2.19
Emotion Dysregulation	.36	.08	.51**	4.57
Step 2				
Fear of Negative Evaluation	.58	.27	.24*	2.14
Emotion Dysregulation	.36	.08	.50**	4.48
Fear of Negative Evaluation X Emotion Dysregulation	.01	.01	.08	.86

Note. $R^2 = .44$ for Step 1 ($p < 0.001$); $\Delta R^2 = .01$ for Step 2 ($p = .39$); * $p = 0.05$, ** $p = 0.001$.

Table 5

Hierarchical Multiple Regression Analysis for Predictors of Social Anxiety

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>
Step 1				
Fear of Positive Evaluation	.37	.11	.32*	3.32
Emotion Dysregulation	.39	.07	.54**	5.58
Step 2				
Fear of Positive Evaluation	.38	.11	.32**	3.36
Emotion Dysregulation	.38	.07	.53**	5.43
Fear of Positive Evaluation X Emotion Dysregulation	.004	.01	.08	.82

Note. $R^2 = .48$ for Step 1 ($p < 0.001$); $\Delta R^2 = .01$ for Step 2 ($p = .42$); * $p = 0.01$, ** $p = 0.001$.

Table 6
Hierarchical Regression Analysis for Variables Predicting Social Anxiety (stepwise method)

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>
Step 1				
Fear of Negative Evaluation	1.12	.29	.44	3.82**
Fear of Positive Evaluation	.38	.13	.33	2.86*
Step 2				
Fear of Negative Evaluation	.86	.29	.33	2.99*
Fear of Positive Evaluation	.38	.12	.32	3.04*
Subscale 5 (strategies)	.87	.29	.33	3.03*

Note. $R^2 = .36$ for Step 1 ($p < 0.001$); $\Delta R^2 = .10$ for Step 2 ($p = .004$); * $p = 0.01$, ** $p = 0.001$.

Appendix A

Social Interaction Anxiety Scale

Instructions: For each item, please circle the number to indicate the degree to which you feel the statement is characteristic or true for you. The rating scale is as follows:

0 = **Not at all** characteristic or true of me.

1 = **Slightly** characteristic or true of me.

2 = **Moderately** characteristic or true of me.

3 = **Very** characteristic or true of me.

4 = **Extremely** characteristic or true of me.

1. I get nervous if I have to speak with someone in authority (teacher, boss, etc.).
2. I have difficulty making eye contact with others.
3. I become tense if I have to talk about myself or my feelings.
4. I find it difficult to mix comfortably with the people I work with.
5. I find it easy to make friends my own age.
6. I tense up if I meet an acquaintance in the street.
7. When mixing socially, I am uncomfortable.
8. I feel tense if I am alone with just one other person.
9. I am at ease meeting people at parties, etc.
10. I have difficulty talking with other people.
11. I find it easy to think of things to talk about.
12. I worry about expressing myself in case I appear awkward.
13. I find it difficult to disagree with another's point of view.

14. I have difficulty talking to attractive persons of the opposite sex.
15. I find myself worrying that I won't know what to say in social situations.
16. I am nervous mixing with people I don't know well.
17. I feel I'll say something embarrassing when talking.
18. When mixing in a group, I find myself worrying I will be ignored.
19. I am tense mixing in a group.
20. I am unsure whether to greet someone I know only slightly.

Appendix B**Brief Fear of Negative Evaluation Scale**

Read each of the following statements carefully and indicate how characteristic it is of you according to the following scale:

- 1 = Not at all characteristic of me
- 2 = Slightly characteristic of me
- 3 = Moderately characteristic of me
- 4 = Very characteristic of me
- 5 = Extremely characteristic of me

1. I worry about what other people will think of me even when I know it doesn't make any difference.
2. I am unconcerned even if I know people are forming an unfavorable impression of me.
3. I am frequently afraid of other people noticing my shortcomings.
4. I rarely worry about what kind of impression I am making on someone.
5. I am afraid others will not approve of me.
6. I am afraid that people will find fault with me.
7. Other people's opinions of me do not bother me.
8. When I am talking to someone, I worry about what they may be thinking about me.
9. I am usually worried about what kind of impression I make.
10. If I know someone is judging me, it has little effect on me.
11. Sometimes I think I am too concerned with what other people think of me.
12. I often worry that I will say or do the wrong things.

Appendix C

Fear of Positive Evaluation Scale

Read each of the following statements carefully and answer the degree to which you feel the statement is characteristic of you, using the following scale. For each statement, respond as though it involves people that you do not know very well. Rate each situation from 0 to 9. Please fill in only one bubble for each statement.

1. I am uncomfortable exhibiting my talents to others, even if I think my talents will impress them.
2. It would make me anxious to receive a compliment from someone that I am attracted to.
3. I try to choose clothes that will give people little impression of what I am like.
4. I feel uneasy when I receive praise from authority figures.
5. If I have something to say that I think a group will find interesting, I typically say it.
6. I would rather receive a compliment from someone when that person and I were alone than when in the presence of others.
7. If I was doing something well in front of others, I would wonder whether I was doing "too well".
8. I generally feel uncomfortable when people give me compliments.
9. I don't like to be noticed when I am in public places, even if I feel as though I am being admired.
10. I often feel under-appreciated, and wish people would comment more on my positive qualities.

Appendix D

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1-----	2-----	3-----	4-----	5
almost never	sometimes	about half the time	most of the time	almost
always				
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

- 1) I am clear about my feelings.
- 2) I pay attention to how I feel.
- 3) I experience my emotions as overwhelming and out of control.
- 4) I have no idea how I am feeling.
- 5) I have difficulty making sense out of my feelings.
- 6) I am attentive to my feelings.
- 7) I know exactly how I am feeling.
- 8) I care about what I am feeling.
- 9) I am confused about how I feel.
- 10) When I'm upset, I acknowledge my emotions.
- 11) When I'm upset, I become angry with myself for feeling that way.
- 12) When I'm upset, I become embarrassed for feeling that way.
- 13) When I'm upset, I have difficulty getting work done.
- 14) When I'm upset, I become out of control.

- 15) When I'm upset, I believe that I will remain that way for a long time.
- 16) When I'm upset, I believe that I will end up feeling very depressed.
- 17) When I'm upset, I believe that my feelings are valid and important.
- 18) When I'm upset, I have difficulty focusing on other things.
- 19) When I'm upset, I feel out of control.
- 20) When I'm upset, I can still get things done.
- 21) When I'm upset, I feel ashamed at myself for feeling that way.
- 22) When I'm upset, I know that I can find a way to eventually feel better.
- 23) When I'm upset, I feel like I am weak.
- 24) When I'm upset, I feel like I can remain in control of my behaviors.
- 25) When I'm upset, I feel guilty for feeling that way.
- 26) When I'm upset, I have difficulty concentrating.
- 27) When I'm upset, I have difficulty controlling my behaviors.
- 28) When I'm upset, I believe there is nothing I can do to make myself feel better.
- 29) When I'm upset, I become irritated at myself for feeling that way.
- 30) When I'm upset, I start to feel very bad about myself.
- 31) When I'm upset, I believe that wallowing in it is all I can do.
- 32) When I'm upset, I lose control over my behavior.
- 33) When I'm upset, I have difficulty thinking about anything else.
- 34) When I'm upset I take time to figure out what I'm really feeling.
- 35) When I'm upset, it takes me a long time to feel better.
- 36) When I'm upset, my emotions feel overwhelming.